Michigan Department of Community Health
Quality Management and Customer Services Administration

837 Institutional Crosswalk
Payer-to-Payer COB Implementation

In addition to all institutional or facility services rendered to Medicaid and MIChild beneficiaries, use the institutional implementation guide for long-term care (LTC), home health, and hospice services.

Header

Field #	Name	Description	837 Institutional Source	MDCH Requirements/Comments
1	Record Identifier	Identifies the type of record; e.g., H = Header, etc.	This information is defined by the X12 structure. Each transaction set has a header (ST) and trailer (SE) record and each transmission has an interchange control header (ISA) and trailer (ISE) record.	
2	Health Plan Identifier	The Medicaid ID Number of the Health Plan	Loop 2330B, Other Payer Segment, NM109	Until the National Plan ID is implemented, the value in NM108 should be "PI" with the Health Plan's Medicaid ID in NM109
3	Autobiller ID	A code identifying the entity submitting data	Loop 1000A, Submitter Name, NM109	The Autobiller ID for transactions within an ISA and ISE must be the same ID.
4	Submission Number	Inventory control number of the transmission assigned by the submitter's system	Table 1 Header (No Loop ID), BHT03	**MDCH will only be able to accept a five-digit value; please restrict your value to this size or it will be truncated.**
5	Receiver Identification	Used to identify the receiver of the information (MDCH)	Loop 1000B, Receiver Name, NM109	Default to "D00111"

Field #	Name	Description	837 Institutional Source	MDCH Requirements/Comments
6	Submitter Contact Last Name	Last name of the individual responsible for issues that may arise concerning submission	Loop 1000A, Submitter EDI Contact Information; PER02	
7	Submitter Contact First name	First name of submitter contact	Same as above	
8	Submitter Telephone Number	Telephone number for submitter contact	Loop 1000A, Submitter EDI Contact Information; PER04	
9	Creation Date	Date when the submitter created the file	Table 1 Header (No Loop ID), BHT04	
10	Version Code	Version number of the data format being used	Table 1 Header (No Loop ID), REF02	The first six positions of the Transmission Type Code contain the version number for the transaction set. MDCH requires version 004010 for the initial submissions. The Addenda version should not be used unless notified to do so by MDCH.
11	Process From Date	For detail records in file, the earliest date on which a record was processed	N/A	Not used in 837
12	Process Through Date	For detail records in file, the latest date on which a record was processed	N/A	Not used in 837
13	Filler	N/A	N/A	N/A

Detail Record

Field #	Name	Description	837 Institutional Source	MDCH Requirements/Comments
1	Record Identifier	Identifies the type of record; e.g., H = Header, etc.	See Field #1 in the Header section above.	
2	Health Plan Identifier	The Medicaid ID Number of the Health Plan	Loop 2330B, Other Payer Segment, NM109	Until the National Plan ID is implemented, the value in NM108 should be "PI" with the Health Plan's Medicaid ID in NM109.
3	Autobiller ID	A code identifying the entity submitting data	Loop 1000A, Submitter Name, NM109	The Autobiller ID for transactions within an ISA and ISE must be the same ID.
4	Submission Number	Inventory control number of the transmission assigned by the submitter's system	Table 1 Header (No Loop ID), BHT03	**MDCH will only be able to accept a five-digit value; please restrict your value to this size or it will be truncated.**
5	Record Category	A code identifying the service category reported on this record (e.g., F = Facility)	Table 1 Header (No Loop ID), REF02	The Transmission Type Code includes a value to distinguish between institutional (096) and professional (098) services. LTC services should be reported using the institutional format and will be identified by MDCH using Type of Bill Code (first position = 2).
6	Encounter/Claim Reference Number	A unique reference or control number assigned by the administrator to this encounter or claim (e.g., TCN)	Loop 2330B, Other Payer Secondary Identifier, REF02	REF01 should contain the value "F8" and REF02 should contain the Health Plan's claim number. **As with the proprietary format, this value should be no larger than 17 characters**.
7	Encounter/Claim Line Number	A sequential number used to identify the detail lines within a claim	Loop 2400, Service Line, LX01	**The Implementation Guide (IG) requires that Line Number start with "1" and be sequentially incremented by one for each service line within a claim.**
8	Filler	N/A	N/A	N/A

Field #	Name	Description	837 Institutional Source	MDCH Requirements/Comments
9	Filler	N/A	N/A	N/A
10	Record Type	Code indicating whether this record is an original, void or replacement record	Loop 2300, Claim Information, CLM05-3	**Consult the 837 Institutional IG for allowed values. They differ from the proprietary values for this data element.**
11	Recipient ID	Medicaid ID or Social Security Number (for MI Child only) of recipient	Loop 2010BA, Subscriber Name, NM109	NM109 should contain either the Medicaid ID or the SSN. The data warehouse programs will use the length of the ID to determine type and check for validity.
12	Recipient ID Type	The type of ID provided in field #11.	Loop 2010BA, Subscriber Name, NM108	Value is "MI" for both Medicaid ID and SSN. See note for field #11 above.
13	Filler			
14	Filler			
15	Recipient ZIP Code	The ZIP code for the recipient's residence as of the date of service.	Loop 2010BA, Subscriber City/ State/ZIP Code, N403	
16	Filler	N/A	N/A	N/A
17	Filler	N/A	N/A	N/A
18	Admission Date	For inpatient institutional and LTC institutional services, the date the patient was admitted to the facility.	Loop 2300, Admission Date/ Hour, DTP03	The value in DTP01 for this segment should be "435". MDCH will use the first eight positions of the value in DTP03. This data element will be used only for inpatient admissions and LTC encounters.
19	Discharge Date	For inpatient institutional and LTC institutional services, the date the patient was discharged from the facility.	Loop 2300, Date – Statement Dates, DTP03	MDCH will use Statement To Date to derive discharge date. Only used for inpatient admissions and LTC encounters.
20	Discharge Status	The UB-92 patient discharge status.	Loop 2300, Institutional Claim Code, CL103	

Field #	Name	Description	837 Institutional Source	MDCH Requirements/Comments
21	From Service Date	Actual date the service was rendered or the date of the first service if a range.	Loop 2400, Date – Service Date, DTP03	DTP01 should be coded to "472"
22	To Service Date	The last date on which a service was rendered for this line item.	Loop 2400, Date – Service Date, DTP03	If there is a range of dates for this line item, code DTP02 to RD8 and show the date in DTP03 as a range (e.g., 20020602-20020608). If no range is provided, MDCH will copy the from service date to populate this data element in the warehouse.
23	Primary Diagnosis	The ICD-9-CM diagnosis code chiefly responsible or the service provided.	Loop 2300, Principal, Admitting, E-code etc. Diagnosis Information, HI01-2	HI01-1 in this segment = BK for principal diagnosis code.
24	Secondary Diagnosis	The ICD-9-CM diagnosis code explaining a secondary or other complicating condition for the service.	Loop 2300, Other Diagnosis Information, HI01-2	MDCH will collect up to seven additional diagnosis codes, if present, in HI01 through HI07.
25	Tertiary Diagnosis	The ICD-9-CM diagnosis code explaining a tertiary or other complicating condition for the service.	Loop 2300, Other Diagnosis Information, HI02-2	See above
26	Other Diagnosis 4	The ICD-9-CM diagnosis code explaining a fourth or other complicating condition for the service.	Loop 2300, Other Diagnosis Information, HI03-2	See above

Field #	Name	Description	837 Institutional Source	MDCH Requirements/Comments
27	E Code or Other Diagnosis 5		Loop 2300, Principal, Admitting, E-code etc. Diagnosis Information, HI03-2 Or Other Diagnosis Information, HI04-2	When an E-code is available, HI03-1 should be coded to BN and HI03-2 should contain the E-code. Otherwise MDCH will use any diagnosis code found in Other Diagnosis Information HI04-2 corresponding to a type of "BF".
28	Filler	N/A	N/A	N/A
29	Procedure Code	A code explaining the procedure performed.	Loop 2400, Institutional Service Line, SV202-2 or Loop 2430, Service Line Adjudication Information, SVD03-2	If available, report HCPCS procedure codes (Level I, II and III) here. Note: Procedure Codes and Revenue Codes are reported separately on the 837 and an institutional encounter may contain both. Additional Note: MDCH will accept MUPC codes until 10/16/03 if they appear on the encounter data procedure code list. If you report an MUPC code, the value of the ID qualifier in SV202-1 should be "ZZ" for Mutually Defined.
		For inpatient institutional services, the ICD-9-CM surgical procedure code(s) should also be reported.	Loop 2300, Principal Procedure Information, HI01-2	For inpatient institutional encounters that include a surgical procedure(s) or home health IV therapy encounters, report the ICD-9-CM procedure as follows: in Principal Procedure Information (segment where HI01-1 = BR) and in Other Procedure Information (segment where HI0x-1 = BQ).

Field #	Name	Description	837 Institutional Source	MDCH Requirements/Comments
30	Procedure Code Modifier 1	Procedure code modifier corresponding to the procedure coding system used.	Loop 2400, Institutional Line Information, SV202-3	Modifiers apply only to procedure codes at the service level, not the ICD-9-CM surgical procedure codes.
31	Procedure Code Modifier 2	See above.	Loop 2400, Institutional Line Information, SV202-4	See above.
32	Procedure Code Modifier 3	See above.	Loop 2400, Institutional Line Information, SV202-5	See above.
33	Procedure Indicator	A code identifying the type of procedure code used in Field #29.	Outpatient Institutional - Loop 2400, Institutional Line Information, SV202-1 Or Inpatient Institutional – Loop 2300, Principal Procedure and Other Procedure Information segments, HI01-1	For outpatient institutional service line procedures, the indicator should be HC for HCPCS codes or ZZ for MUPC codes. For inpatient institutional surgical procedures, the indicator should be BR (Principal ICD-9-CM procedure) or BQ (other ICD-9-CM procedure)
34	Revenue Code	For institutional services, the UB-92 Revenue Code associated with the service.	Loop 2400, Institutional Line Information, SV201	
35	Place of Service	UB-92 Place of Service codes.	Loop 2300, Claim Information, CLM05-1	MDCH will use CLM05-1, which is the first two positions of Type of Bill code, to map place of service.

Field #	Name	Description	837 Institutional Source	MDCH Requirements/Comments
36	Quantity	Inpatient – number of days of confinement. Outpatient – the number of units.	Inpatient – Loop 2300, Claim Information, QTY02 Inpatient and Outpatient – Loop 2400, Service Line Number, SV205	For inpatient admissions and LTC encounters, MDCH will collect the covered and non-covered days at the claim level. For both inpatient and outpatient institutional services, you must also report the number of units at the service level for each Revenue Code and/or procedure code. **Note: The IG requires anesthesia services to be reported as minutes. This is a change from the proprietary format where units were reported.**
37	NDC Number	N/A	N/A	Does not apply to Institutional
38	Metric Quantity	N/A	N/A	Does not apply to Institutional
39	Days Supply	N/A	N/A	Does not apply to Institutional
40	Compound Code	N/A	N/A	Does not apply to Institutional
41	Prior Authorization	A code indicating if prior authorization or medical certification occurred.	Loop 2330B, Other Payer Prior Authorization or Referral Number, REF02	
42	Dental Quadrant	N/A	N/A	Does not apply to Institutional
43	Tooth Number	N/A	N/A	Does not apply to Institutional
44	Filler	N/A	N/A	N/A
45	Process/Paid Date	The date on which the record was processed or paid in the Health Plan's system.	Loop 2430, Line Adjudication Date, DTP03	DTP01 of this segment is "573" – Date Claim Paid.

Field #	Name	Description	837 Institutional Source	MDCH Requirements/Comments
46	PCP ID	The Primary Care Physician assigned to or selected by the Recipient as of the date of service.	N/A	Not available.
47	PCP ID Type	The type of ID provided in PCP ID above.	N/A	Not available.
48	Referring Provider ID	For services resulting from a referral, the ID of the physician making the referral.	Loop 2310A, Referring Provider Secondary Identification, REF02	The Medicaid Provider ID (REF01 = 1D) or State License Number (REF01 = 0B) is preferred. Note: The provider's SSN should be sent in the 2310A, NM1 segment (NM109).
49	Referring Provider ID Type	A code identifying the type of ID provided in #48 above.	Loop 2310A, Referring Provider Secondary Identification, REF01	See above.
50	Servicing Provider ID	The unique ID of the provider performing the service.	Loops 2420A Rendering Provider (Service) or 2310B Rendering Provider (Claim) or 2010AB Pay-To Provider or 2010AA Billing Provider, NM109 **AND** REF02	The IG requires that NM109 contain the SSN, EIN or National Provider Identifier for each provider entity. In addition, MDCH requires either the Medicaid Provider ID (REF01 = 1D) or State License Number (REF01 = 0B) for all in-state providers.
51	Servicing Provider ID Type	A code identifying the type of ID provided in #50 above.	Same loops as above, REF01	
52	Servicing Entity ID	The Tax ID number of the entity through which the service was rendered.	2010AB Pay-To Provider Name or 2010AA Billing Provider Name, NM109	The NM108 value should be 24.

Field #	Name	Description	837 Institutional Source	MDCH Requirements/Comments
53	Servicing Provider Class	A code indicating the class for the provider identified in Field #50 (e.g., PCP, in-plan non-PCP, out of plan)	N/A	Not available.
54	Servicing Provider Type	A code indicating the type of provider rendering the service.	Loops 2420A Rendering Provider (Service) or 2310B Rendering Provider (Claim) or 2010AB Pay-To Provider or 2010AA Billing Provider, Provider Specialty, PRV03	See Exhibit A for a crosswalk from the national Provider Taxonomy Codes to the proprietary Provider Type values. MDCH requires that the Provider Taxonomy Code be reported for all encounters.
55	Servicing Provider ZIP Code	The ZIP Code where the service occurred.	2420C Service Facility Location (Service) or 2310D Service Facility Location (Claim) or 2010AB Pay-To Provider or 2010AA Billing Provider, City/State/ZIP, N403	
56	Servicing Provider County	The County where the service occurred.	N/A	Not available.
57	Prescribing Provider ID	N/A	N/A	Does not apply to Institutional encounters.
58	Prescribing Provider ID Type	N/A	N/A	Does not apply to Institutional encounters.
59	Tooth Surface 1–7	N/A	N/A	Does not apply to Institutional encounters.
60	Payment Arrangement	A code to identify records for services that were unauthorized or performed under a global billing arrangement.	Loop 2430, Line Adjudication Information, CAS Claims Adjustment segment	MDCH is considering using the CAS segment to identify services paid under a global billing arrangement or that were denied because authorization was not obtained. See Exhibit B for a list of Adjustment Reason Codes that meet these criteria.

Field #	Name	Description	837 Institutional Source	MDCH Requirements/Comments
61	Filler	N/A	N/A	N/A